Massachusetts Department of Public Health
FOODBORNE ILLNESS COMPLAINT WORKSHEET

Date: ____/____/____
#: _____

Please Complete and Send or Fax to:
MDPH Food Protection Program
305 South Street, Jamaica Plain, MA 02130
Fax: (617) 983-6770

Questions? Call:
Food Protection Program: (617) 983-6712
Division of Epidemiology: (617) 983-6800
Enterics Laboratory: (617) 983-6609

PERSON COMPLETING INFORMATION

Name: _____ ☎: ( ) _____ - _____

Affiliation: ☐ Local BOH *(town)*: _____ ☐ State DPH *(division)*: _____ ☐ Other: _____

REPORTER / COMPLAINANT

Name: _____ ☎: ( ) _____ - _____

Affiliation: ☐ Consumer ☐ Laboratory ☐ Local BOH ☐ Medical Provider ☐ State DPH ☐ Other

specify: → division, *facility,* address, *town, etc.* _____

ILLNESS INFORMATION

 # Persons ill: ☐

Symptoms: *(mark if reported **for anyone**):*

☐ Diarrhea ☐ Vomiting ☐ Nausea ☐ Abdominal cramps
☐ Fever ☐ Bloody stool ☐ Headache ☐ Muscle aches
☐ Chills ☐ Loss of appetite ☐ Fatigue ☐ Dizziness
☐ Burning in mouth ☐ Other symptoms: _____

Onset: →
Earliest Date: ____/____/____ Time: ____ : ____ ☐AM ☐PM
Latest **(if > 2 ill)** Date: ____/____/____ Time: ____ : ____ ☐AM ☐PM

Duration: ☐ Less than 24 Hours ☐ 24-48 Hours ☐ More than 48 Hours ☐ Ongoing ☐ Unknown

Ill Persons:

	Name	Address/Town	☎	Age (yrs)	Occupation	Med. Provider/ ☎
1	☐ same as reporter (above)					
2						
3						
4						

Medical attention received ***(by anyone)*****?** ☐ Yes ☐ No ☐ Unknown → ***If Yes, specify above:*** ↑

Stool specimens submitted ***(by anyone)*****?** ☐ Yes ☐ No ☐ Unknown → **To SLI [1]?** ☐ Yes ☐ No ☐ Unknown

Medical diagnosis reported**?**

FOOD HISTORY

→ Obtain history **back 72 hours** prior to symptoms, **or**, if organism identified, **b/n min and max incubation** periods (see p.2)

→ **If > 2 ill**, follow above time frame for **common meals (foods) only**

Date & Time[2]	# Exp[3]	Food(s) consumed	Restaurant / store where purchased (name, town)	Place consumed
☐ B ☐ L ☐ D				☐ Same *(as left)* ☐ Home ☐ Other *(specify)*:

1 State Laboratory Institute, 305 South St., Jamaica Plain, MA, 02130 - (617) 522-3700
2 Always record **Time** if possible; otherwise, choose **B**=breakfast, **L**=lunch, **D**=dinner
3 Total # persons (both ill and well) who consumed indicated food(s)

Sept 1999 (99SeptForm.doc)
Discard Previous Versions

FOOD HISTORY *(continued)*

Date & Time[2]	# Exp[3]	Food(s) consumed	Restaurant / store where purchased (name, town)	Place consumed
☐ B ☐ L ☐ D				☐ Same *(as left)* ☐ Home ☐ Other *(specify)*:
☐ B ☐ L ☐ D				☐ Same *(as left)* ☐ Home ☐ Other *(specify)*:
☐ B ☐ L ☐ D				☐ Same *(as left)* ☐ Home ☐ Other *(specify)*:
☐ B ☐ L ☐ D				☐ Same *(as left)* ☐ Home ☐ Other *(specify)*:
☐ B ☐ L ☐ D				☐ Same *(as left)* ☐ Home ☐ Other *(specify)*:

NOTES

FOOD TESTING

Food(s) available for testing? ☐ Yes ☐ No ☐ Unknown → **Sent to SLI [1]?** ☐ Yes ☐ No ☐ Unknown

→ ***If Yes, specify*** *food(s) & sources*:

Product and Manufacturer Information for Commercially-Processed Food(s)

Product name: _____ **Code/lot #** _____

Expiration date: ____ / ____ / ____ **Package size/type**: _____

Manufacturer: _____ ☎: ( ) _____ - _____

Address:

Incubation Periods for Selected Organisms

	Min	*Max*		*Min*	*Max*		*Min*	*Max*
B. cereus (short)	1 hr	6 hrs	E. coli O157:H7	3 days	8 days	Staph. aureus	30 min	8 hrs
B. cereus (long)	6 hrs	24 hrs	Hepatitis A	15 days	50 days	Shigella	12 hrs	96 hrs
Campylobacter	1 day	10 days	Salmonella (non-typhi)	6 hrs	72 hrs	Vibrio cholerae	few hrs	5 days
Cyclospora	1 day	14 days	Salmonella typhi	1 wk	3 wks	Viral GI	12 hrs	48 hrs
C. perfringens	6 hrs	24 hrs	Shellfish poisoning	minutes	few hrs	Yersinia	3 days	7 days

1 State Laboratory Institute, 305 South St., Jamaica Plain, MA, 02130 - (617) 522-3700

2 Always record **Time** if possible; otherwise, choose **B**=breakfast, **L**=lunch, **D**=dinner

3 Total # persons (both ill and well) who consumed indicated food(s)

Sept 1999 (99SeptForm.doc)
Discard Previous Versions